

## INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR CERTIFICATION OF A BRANCH SITE OF A CERTIFIED CHEMICAL DEPENDENCY SERVICE PROVIDER

### INTRODUCTION

Provider certification is mandated by state laws, Revised Codes of Washington (RCW), when a provider intends to:

1. Contract with DSHS for the provision of chemical dependency treatment services as required by RCW 70.96A.045;
- Represent itself as a state-certified chemical dependency treatment agency. RCW 70.96A.090 prohibits treatment programs from advertising or representing itself as an approved treatment program if approval has not been granted.
- Provide deferred prosecution assessments and treatment under RCW 10.05; or,
- Provide chemical dependency assessment, education, or treatment to persons required by the Department of Licensing for driving under the influence (DUI) or in physical control of a motor vehicle under RCW 46.61.

Application requirements are detailed in Washington Administrative Code (WAC) 388-805-020. Applications are screened for completeness in the order received. If applications are found to be incomplete, processing is suspended until we receive all the required information. Complete applications are assigned to Division of Behavioral Health and Recovery (DBHR) Certification Specialists for review in the order received. A DBHR Certification Specialist will conduct an initial review for content within 30 days from the date received.

A separate branch application needs to be completed for each branch location at which services are proposed to be delivered.

**Please send the completed application, application materials, and \$500.00 application fee by check or money order to:**

#### **If sending by mail:**

Finance Office  
Aging & Disability Services Administration  
Department of Social and Health Services  
PO Box 45600  
Olympia, WA 98504-5600

#### **For UPS or FedEx Delivery:**

Finance Office  
Aging & Disability Services Administration  
Department of Social and Health Services  
Blake Office Park West  
4450 10th Ave SE  
Lacey, WA 9850

Make your check or money order payable to Department of Social and Health Services. Please do not return these instructions with your application.

Forms you will need to complete this application are available to download from the DBHR website. Follow these instructions:

1. Enter into your web browser: <http://www.dshs.wa.gov/dbhr/>

2. Under "Available Services," click on "[Substance Abuse Prevention and Treatment.](#)"
3. Under, "Substance Abuse Services," click on [Forms and documents for DBHR Providers](#)
4. Under "For Contractors and Providers," click on [Substance Abuse Services Contractors/Providers.](#) Scroll down to **Forms** and click on DBHR.
5. Under "Forms," click on [Certified Chemical Dependency Service Provider Application-type Forms.](#)
6. Under "Certification Forms." Click on "New Applicants for Chemical Dependency Service Certification Forms," Go to the fourth bullet down, where you will find the Branch application form, Instructions, Sample Floor Plan, and Accessibility Barrier Checklist.

You are encouraged to submit a complete application, including all documentation as early in the application process as possible. However, you may wish to wait to obtain your facility and staff to avoid incurring facility and staff costs while your application is pending review and approval.

Certification will be granted only to applicants demonstrating that they are prepared to operate in compliance with all applicable federal, state, and local regulations.

Significant deficiencies can result in delays of department approval. The application form and required materials are tools for evaluating applicant readiness for certification. The reviewing DBHR Certification Specialist will determine if the extent of the deficiencies must be corrected prior to certification or as a part of a corrective action process following approval.

## **PART 1 of 2 – OWNER/PROVIDER INFORMATION**

### **I. APPLICANT PROVIDER INFORMATION**

1. OWNER/PROVIDER NAME: Specify the name of the main agency that will be responsible for services provided at the branch site. If a private provider, use the firm or entity name on your Washington State Master Business License. If a public provider, indicate the name of the tribal, federal, state, county, or municipal government, health district, or educational service district under which the agency will operate.
2. BRANCH AGENCY NAME:  
  
If a private provider, the name and address of the agency must be the same as the firm or registered trade name and address as is listed on your Washington Master Business License.

### **II. CHEMICAL DEPENDENCY SERVICES FOR WHICH YOU ARE APPLYING**

**A and B: Detoxification or residential service certification:** Put a check mark by each service you are seeking certification for at the branch site. Specify the total number of beds for each service requested. If you intend to focus services to a special group such as youth, women, offenders, adults, etc., then specify in the space provided.

If planning to offer chemical dependency and/or psychiatric hospital inpatient chemical dependency or psychiatric services or community based non hospital residential treatment facility services for chemical dependency and/or psychiatric disorder, please submit a copy of the Hospital or Residential Treatment Facility license issued by the Washington State Department of Health (DOH), Health Systems Quality Assurance (HSQA) Office of Customer Services.

You can contact the DOH HSQA Office of Customer Services for mailing addresses, physical location, and telephone numbers at this website:

<http://www.doh.wa.gov/hsqa/Contactus.htm>

You can obtain an application and information related to licensing and fees at these websites:

[http://www.doh.wa.gov/hsqa/fsl/HHHACS\\_Hospitals.htm](http://www.doh.wa.gov/hsqa/fsl/HHHACS_Hospitals.htm)

[http://www.doh.wa.gov/hsqa/fsl/arcs/rcs/rtf\\_main.htm](http://www.doh.wa.gov/hsqa/fsl/arcs/rcs/rtf_main.htm)

Note: DBHR certification for residential chemical dependency services are contingent upon receipt of a copy of the Department of Health License.

**C, D, and E: Non-residential services certification:** Put a check mark in the box next to each service for which you are seeking certification at the branch site. Specify the estimated number of persons your agency believes will be served annually for each service requested. If you intend to focus the provision of services to a special group such as youth, women, offenders, adults, etc., then specify in the space provided.

For all of the services for which you are applying, please indicate the funding source using the code letters provided.

### **III. APPLICANT MATERIALS TO BE SUBMITTED - Application form is self-explanatory.**

#### **1. Application fee:**

Application fees are determined by WAC, and can be found at WAC 388-805-085. The applicable fee must be in the form of a check or money order payable to the Department of Social and Health Services.

#### **2. If applying for a chemical dependency service for which you are not already certified at another site, submit:**

A sample patient/student record for each new chemical dependency service for which you are requesting approval in this application.

- Submit well-organized and complete sample patient/student record (do not submit blank sample records)
- Ensure there is sufficient documentation in each sample record to meet the requirements for each service for which you applied.
- Ensure the documentation of the hypothetical case in the sample record is consistent for the service provided.
- Ensure that copies of actual patient records are not submitted with the application.

- Submit sample patient/student records using forms designed for your agency, and not other agencies.

Organize and submit a sample record for each service for which you applied as indicated below:

If applying for more than one service in a continuum of care, you may combine those services into one patient record. For example, DUI Assessment, Intensive Outpatient, and Outpatient can be one sample patient record, as could Intensive Inpatient, Long Term Residential, and Recovery House.

**DUI assessment** patient records should cover the entire course of the assessment. Mark the sample record as "*DUI Assessment Sample Patient Record.*"

**Alcohol/Drug Information School (ADIS)** student records should cover the hypothetical student's participation in and completion or dismissal from ADIS. Mark the sample record as "*Alcohol/Drug Information School Sample Student Record.*"

**Screening and Brief Intervention** patient records must include the requirements noted in WAC 388-805-855(2)(e).

**Outpatient** patient records should cover a minimum of three months of treatment at that level of care, from admission to discharge. It is permissible to document three months of treatment, then to forward documentation to the discharge from outpatient treatment. Sample records should include monthly treatment plan/continued service reviews for the first three months and at least one quarterly review, discharge summary and continuing care plan. Mark the sample record as "*Outpatient Sample Patient Record.*"

**Intensive outpatient** patient records should cover the entire course of treatment at that level of care, from admission to discharge. It is permissible to document three months of treatment and then to forward documentation to discharge of treatment. Sample records should include a discharge summary and continuing care plan.. Mark the sample record as "*Intensive Outpatient Sample Patient Record.*"

Note: If applying for DUI Assessment, Intensive Outpatient, and Outpatient, it is permissible, even desirable, to combine the three services into one sample patient record. Ensure that a Transfer Summary is documented to justify transfer from Intensive Outpatient to Outpatient.

**Intensive inpatient** patient records should cover the entire course of treatment at that level of care, from admission to discharge. Sample records should include a discharge summary and continuing care plan. Mark the sample record as "*Intensive Inpatient Sample Patient Record.*"

**Recovery house** patient records should cover the entire course of treatment at that level of care, from admission to discharge. Sample records should include a discharge summary and continuing care plan. Mark the sample record as "*Recovery House Sample Patient Record.*"

**Long-term residential** patient records should cover the entire course of treatment at that level of care, from admission to discharge. Sample records should include a discharge summary and continuing care plan. Mark the sample record as "*Long-Term Residential Sample Patient Record*."

Note: If applying for Intensive Inpatient, Recovery House, and Long-Term Residential, it is permissible to combine the services into one sample patient record. Ensure that a Transfer Summary is documented when transferring the patient from one level of care to another.

**Detoxification** patient records should cover the entire course of treatment at that level of care, from admission to discharge. Sample records should include an after-care plan and discharge summary. Mark the sample record as "*Detoxification Sample Patient Record*."

### **What does the service, "Assessment Only" mean?**

Providers who want to be certified for chemical dependency and DUI assessments (and who will not provide any other service) will check this on page 2 of the application form. Since there is no category in WAC 388-805-010 for general chemical dependency assessments, you will need to request an exemption at the time you apply. For information and a copy of the DBHR Certification procedure CS-08 outlining the exemption, contact the DBHR Certification Provider Request Manager, e-mail [darrel.streets@dshs.wa.gov](mailto:darrel.streets@dshs.wa.gov), telephone 360-725-3819, or toll free 1-877-301-4557.

### **3. A copy of the cover letter you sent to the County Alcohol/Drug Coordinator**

Submit a copy of the cover letter used to notify the county alcohol/drug coordinator where services will be provided, and a completed copy of the application form. For private providers, this is a courtesy notification. For public providers, the alcohol and drug coordinator coordinates the delivery of publicly funded chemical dependency services in his/her respective county.

A list of County Alcohol and Drug Coordinators can be found in Appendix A of the Directory of Certified Services in Washington State at:

<http://www.dshs.wa.gov/pdf/dbhr/directory/APPNDXA.pdf>

## **IV. APPLICANT DECLARATIONS** - Application form is self-explanatory.

## **V. APPLICANT CONTACT INFORMATION**

If the contact information is the same as for the person who signed Section IV, above, make sure you check the box that it is the same.

**At the end of Part 1 of 2, if you intend to send Part 2 of 2 at a later date, check the box and specify the county the new branch will provide services in.** You are not required to have a site at the time you submit the application. However, certification will not be issued until a suitable site has been selected and approved.

**PRIVACY NOTICE:** Ensure that you read and understand the privacy notice.

## **PART 2 of 2– BRANCH FACILITY AND PERSONNEL INFORMATION**

Check the box if you sent Part 1 of 2 at an earlier date.

### **I. FACILITY INFORMATION AND MATERIALS**

#### **A. Facility information**

- **Street Address:** Specify the complete street address for the branch facility where the agency intends to provide certified chemical dependency services. This address must be the address for the actual physical location where certified services will be provided. The street address will be listed in the Directory of Certified Chemical Dependency Treatment Services in Washington State. Post office boxes or other locations are not acceptable for the street address. The street address must be the same address as is on your Washington State Master Business License.
- **Mailing address:** Check the box if it is the same as the street address; if different, enter address.
- **Specify the complete telephone number including area code.** The agency telephone number will be listed in the Directory of Certified Chemical Dependency Treatment Services in Washington State. You may list up to two telephone numbers. You may also include up to ten characters for each number to indicate additional information, such as extension number or other information, such as "Main #," "Clin. Sup.," "Resident.," or "Outpatient." See the Directory of Certified Chemical Dependency Treatment Services in Washington State for examples of how other agencies have used this option.
- **E-Mail Addresses (optional):** Application form is self-explanatory.

#### **B. Agency Materials. Attach the following:**

- **All applicants must submit a floor plan**

For your reference, please download a copy of the Sample Floor Plan on the DBHR website at:

<http://www.dshs.wa.gov/DASA/services/certification/Forms/NewAgencyForms.shtml>.

Page one of the Sample Floor Plan contains an example of a floor plan. Page two contains additional information to assist you in submitting a floor plan containing all required elements.

***Please note: DBHR will schedule an on-site facility review to be conducted prior to approval of the new branch application.*** The application cannot be approved until the on-site facility review is conducted, and deficiencies, if any, are either corrected or a plan of corrections is approved.

- **All applicants must submit a fire inspection report.** The fire inspection must have been conducted within the last year.
- **Privately owned (non-governmental) agencies** must submit a completed Accessibility Barrier Checklist for the site to be certified, as required by WAC 388-805-015(2). **Each element in the checklist must be marked yes, no,**

**or not applicable (NA).** Complete the corrective action plan section for any element marked “no.” Incomplete forms will delay the approval process.

The Accessibility Barrier Checklist can be downloaded at:

<http://www.dshs.wa.gov/pdf/dbhr/Accessibility%20Barrier%20Checklist%20Rev%203-1-11.pdf>.

## II. PERSONNEL INFORMATION AND MATERIALS

### A. Key Personnel Information and Materials

- **Agency Administrator:** Print the name and title of the on-site branch agency administrator. The administrator is the person identified by the governing body as the person responsible for meeting the administrator requirements of WAC 388-805-145. Submit the following materials:
  - The administrator’s job description must be signed and dated by the administrator, and include the duties and responsibilities listed in WAC 388-805-145. It is strongly recommended that the duties and responsibilities also include implementation of the agency’s TB Risk Control Program.

Administrator duties and responsibilities can be found at:

<http://apps.leg.wa.gov/wac/default.aspx?cite=388-805-145>

WAC 388-805-140(8)(b) requires the provider’s governing body to ensure the administration and operation of the agency is in compliance with applicable federal, state, tribal, and local laws and rules. As stated on page three of the 2009 Model TB Policy, the CDC Guidelines are required for all chemical dependency treatment programs and enforced by:

The federal Occupational Safety and Health Administration (OSHA) for federal programs and Tribal programs on Indian Reservations and Trust Lands.

- The administrator’s responsibility to implement the agency’s TB Risk Control Program can be found on page four of the 2009 Model TB Policy (Summary of CDC Guidelines), which can be found at:

<http://www.dshs.wa.gov/pdf/dbhr/certforms/TBPolicy.pdf>.

WAC 388-805-140(8)(b) requires the provider’s governing body to ensure the administration and operation of the agency is in compliance with applicable federal, state, tribal, and local laws and rules. As stated on page three of the 2009 Model TB Policy, the CDC Guidelines are required for all chemical dependency treatment programs and enforced by:

The federal Occupational Safety and Health Administration (OSHA) for federal programs and Tribal programs on Indian Reservations and Trust Lands.

The Washington State Department of Labor and Industries, Division of Occupational Safety and Health (DOSH), for all other employers in the state of Washington.

- If the administrator is new, submit evidence that the new administrator is appointed by the governing body. Evidence may include a copy of a letter of appointment signed by a representative of the governing body or a governing body representative's signature on the new administrator's job description (If the administrator is the same person as the administrator of the main facility or an established branch, DBHR already has documentation that the governing body appointed the administrator).
- Submit a copy of the report of findings from a criminal background check, as conducted by the Washington State Patrol and the last state of residence if the person has lived out-of-state within the past three years. The background results must have been completed within the two years before the receipt of the application.

Ensure the administrator appointed by the governing body does not have a conviction of a disqualifying offense. (Refer to the DASA Background Check Resource Guide, Appendix G, for a list of disqualifying crimes. The guide can be found at:

<http://www.dshs.wa.gov/pdf/dbhr/CERTFORMS/BkgdCkGuide.pdf>.

- **Clinical Supervisor:** Print the name and title of the clinical supervisor. The clinical supervisor is the person identified by the administrator as responsible for meeting the requirements of WAC 388-805-300(4)(a-e). Ensure that the name is spelled exactly as is found on the clinical supervisor's Chemical Dependency Professional (CDP) credential issued by the Department of Health (DOH)

DBHR staff will verify credentials at the DOH Health Professions Provider Credential Search website:

<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>

The job description should include the duties and responsibilities listed in WAC 388-805-300(4). WAC 388-805-205(4)(b) requires job descriptions for patient care staff be signed by the employee and the employee's supervisor.

Ensure that documentation is provided of the clinical supervisor's competency in clinical supervision. Documentation may be a college course, training, or documented verification of experience and competency by agency director. Documented competency needs to verify the clinical supervisor is competent to fulfill all responsibilities of the position in WAC 388-805-300(4)(a-e)

- **Alcohol/Drug Information School Instructor (ADIS):** If the ADIS instructor is not a CDP, submit evidence of the employment of a qualified alcohol/drug information school instructor that meets the requirements of WAC 388-805-250. Acceptable evidence includes a copy of an individual's DBHR Certificate of Qualification as an Alcohol/Drug Information School Instructor

issued by an approved community college or university. See Appendix L of the DBHR Directory of Certified Chemical Dependency Services at:

<http://www.dshs.wa.gov/pdf/dbhr/directory/APPNDXL.pdf>.

- B. Other Personnel Information:** Submit evidence of having sufficient qualified staff to deliver the applied for chemical dependency treatment services at the branch site. This information must include:

A copy of the agency organizational chart (See detailed instructions on the application form). We are asking that the organizational chart contain the correct spelling of names of patient care staff so you will not be required to include a copy of each credential with the application. DBHR staff will verify credentials at the DOH Health Professions Provider Credential Search website:

<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>

### **III. TREATMENT FOCUS INFORMATION**

The information in this section is voluntary and is not required for approval. This information will appear in the *Directory of Certified Chemical Dependency Services*. The purpose of collecting this information is to provide patients and agencies information on the focus of the treatment or services you offer. It is helpful in making referrals and to best match the needs of the patient.

**If there are any questions about this application**, contact the DBHR Certification Provider Request Manager at (360) 725-3819, Toll Free 1-877-301-4557, or by e-mail at [darrel.streets@dshs.wa.gov](mailto:darrel.streets@dshs.wa.gov).